

UTAH RTAP SCHOLARSHIP APPLICATION GUIDELINES

PROGRAM GOALS

To further the development of the skills and abilities of persons involved in providing community passenger transportation service to the state's population.

To provide funding for qualified individuals to attend/receive national, state, and local transit training and educational programs.

To encourage the development of professional networks among Utah transportation providers and providers nationwide.

ELIGIBILITY FOR FUNDING

Utah multiple occupancy surface vehicle transportation providers. Training of drivers, dispatchers, managers, and mechanics is encouraged. **Nonurbanized (rural and small urban) and agencies eligible for 5310 funding.**

FUNDS ADMINISTRATION

Funds are available to individuals and organizations on a **reimbursement basis**.

Eligible Training

Courses, seminars, workshops, and conferences with subject matter applicable to the community transportation industry. The training delivered by a **third party** can be in-house, in-state, or out-of-state. Training materials such as CD Rom, DVDs, videos, workbooks, books, etc., are also eligible for reimbursement. In all instances trainings that are shared with other transportation related agencies/individuals is encouraged.

Selection Process

Applications will be reviewed by URSTA. Applications will be evaluated on the basis of:

- (1) Available program funds,
- (2) Applicant eligibility,
- (3) Conference/training eligibility,
- (4) Value to a community, individual, agency, and peers.

URSTA will approve or disapprove the application in writing within two (2) weeks from the date of review.

Application Source

The RTAP Scholarship Application Form can be obtained from:

www.URSTA.org or call Georgette Harvey 435-896-6807 or Ryan Marshall 435-673-8726

Submit to:

**URSTA
P.O. Box 99
Riverton, Utah 84065**

A training/conference agenda must accompany the application.

Eligible Expenses

Registration, lodging, airfare expenses, required course training materials, and those meals not covered by the registration are eligible for reimbursement.

Mileage, gratuities and tips are not reimbursable.

The maximum allowable reimbursement for meals not covered by the registration fee will be as follows:

In-State:		Out-of-State:	
<i>Breakfast</i>	<i>\$ 6.00</i>	<i>Breakfast</i>	<i>\$ 9.00</i>
<i>Lunch</i>	<i>\$ 9.00</i>	<i>Lunch</i>	<i>\$ 11.00</i>
<i>Dinner</i>	<i><u>\$15.00</u></i>	<i>Dinner</i>	<i><u>\$18.00</u></i>
<i>Total Per Day:</i>	<i>\$30.00</i>	<i>Total Per Day:</i>	<i>\$38.00</i>

Lodging in excess of the training/conference site rate is not eligible for reimbursement.

Incidental ground transportation and parking expenses include taxi/shuttle or bus fares (from airport to hotel and back) and parking or storage of vehicle at origin airport. **ORIGINAL RECEIPTS with actual costs must be submitted for reimbursement.** The maximum reimbursement for ground transportation is twenty dollars (\$20.00).

Requests for reimbursement are due to URSTA:

15 WORKING DAYS UPON COMPLETION OF TRAINING/CONFERENCE

**FEDERAL TRANSIT ADMINISTRATION SECTION 5311(b) FUNDING
RURAL TRANSIT ASSISTANCE PROGRAM (RTAP)
APPLICATION (Part One)**

Please Print [Please answer questions “yes” or “no” with specific explanations. N/A is unacceptable]

APPLICANT INFORMATION

Agency/Organization/Individual _____

Director Name _____

Address _____

Telephone # _____

☐ Is your agency from a nonurbanized area(rural/small urban, population under 50,000)?

☐ Is your agency eligible to receive 5310 funding?

Name Attendee(s) with Title/Position

TRAINING/CONFERENCE INFORMATION

Name of Training/Conference

Date _____ Location _____

Sponsor _____

What responsibilities does your organization have for providing transit in the small urban and/or rural areas (under 50,000 population)?

Reason for funding request and expected benefits

List names of any training/conferences that have been attended by you or your agency personnel using Utah RTAP funds during the past year (please list name of attendee(s) and date attended:

**FEDERAL TRANSIT ADMINISTRATION SECTION 5311(b) FUNDING
RURAL TRANSIT ASSISTANCE PROGRAM (RTAP)
APPLICATION (Part Two)
“BUDGET INFORMATION”**

PLEASE PRINT

Estimated Expenses Per Person		
1.	Registration Fee/Tuition	\$
2.	Required Training Materials	\$
3.	Lodging: _____ Nights at \$_____ each	\$
	Is this a special conference/training rate? Yes _____ No _____	
4.	Travel Costs:	
	Air Fare	\$
	Ground Transportation (taxi, shuttle, bus, airport to hotel & back) (not mileage)	\$
	Parking/Storage of Vehicle (at airport of origin)	\$
5.	# of meals provided by course/conference (check agenda for approx. meals per day)	
	Breakfast _____ Lunch _____ Dinner _____	
	# of meals not provided –	
	Breakfast _____ Lunch _____ Dinner _____	\$
	(see application guidelines for allowable reimbursement for meals)	
6.	TOTAL EXPENSES	\$

Submitted by: _____ Date _____

Name (please print)

Signature

*Propose _____ Persons attend/participate this training.

Please attach training agenda

REIMBURSEMENT CHECK LIST

- ❑ Completed training/conference evaluation report
- ❑ Training report for URSTA newsletter
- ❑ Copy of the training/conference agenda,
- ❑ Copy of funding approval letter,
- ❑ Copy of registration form and confirmation of payment (canceled check/original receipt & method of payment at conference),
- ❑ Original airline itinerary and passenger ticket stub,
- ❑ Original hotel bill with list of daily charges,
- ❑ Shuttle, taxi, bus receipt(s) for services from airport to hotel and back,
(*receipt(s) **must be original** and list dates of service*)
- ❑ Original storage or airport parking,

**FEDERAL TRANSIT ADMINISTRATION SECTION 5311(b) FUNDING
RURAL TRANSIT ASSISTANCE PROGRAM (RTAP)
"REQUEST FOR REIMBURSEMENT"**

PLEASE PRINT

Agency/Organization/Individual _____		
Address _____		
Name of Attendee(s) (attach separate sheet of multiple names) _____		
Training/conference Attended _____		Date(s) _____
Location _____		Sponsor _____
Reimbursement payable to: _____		
Depart: Date _____ Time _____		
Return: Date _____ Time _____		
1.	Registration Fee/Tuition	\$
2.	Training Materials	\$
3.	Lodging: _____ Nights at \$ _____ each	\$
4.	Air Fare	\$
5.	Ground Transportation (taxi/shuttle/bus)	\$
6.	Parking/Storage of Vehicle (at airport origin)	\$
7.	# of meals provided by course/conference	
	Breakfast _____ Lunch _____ Dinner _____	
8.	# of meals not provided -	
	Breakfast _____ Lunch _____ Dinner _____	
Office Use Only		
Total \$ of meals to be reimbursed		\$
TOTAL REIMBURSEMENT		\$
Submitted by _____ Date _____		
Name		Signature

ORIGINAL RECEIPTS AND CONFERENCE/TRAINING EVALUATION REPORT MUST BE ATTACHED TO THIS FORM

SUBMIT WITHIN 15 WORKING DAYS TO URSTA, P.O. BOX 99, RIVERTON, UTAH 84065
Allow 30 days for processing.

**FEDERAL TRANSIT ADMINISTRATION SECTION 5311(b) FUNDING
RURAL TRANSIT ASSISTANCE PROGRAM (RTAP)
"TRAINING/CONFERENCE EVALUATION REPORT"**

PLEASE PRINT

Name of Agency/Organization:
Name of Attendee:
Name of Training/Conference:
Date(s) held:
Location:
Sponsor:

1. Briefly describe the topic or theme and the content of the training/conference, and note specific workshops, panel discussions, conference sessions, etc. that you attended. Please attach a copy of the conference or training program agenda.

2. How does the information or experience you gained relate to your job duties? How valuable will it be to your performance of those duties?

3. How would you rate the program in terms of the information presented?

_____ Invaluable
_____ Very Useful
_____ Useful
_____ Slightly Useful
_____ Not at all Useful

-over-

4. How would you rate the program as an opportunity to meet and communicate with your peers in the transit industry?

_____ Invaluable
_____ Very Useful
_____ Useful
_____ Slightly Useful
_____ Not at all Useful

5. Would you recommend attendance at this program in the future for other persons involved in rural passenger transportation?

_____ Yes
_____ No

6. Why or why not?

***Please attach to reimbursement request a written report of information gained at training/conference to be used for URSTA newsletter publication.
(Required for reimbursement)**

Send to:

**URSTA
P.O. Box 99
Riverton, 84065**

Updated 02/18/2005